UNITED STATES	DISTRICT C	OURT FIL	ED
for	for the		TTE, NC
Dist	District of		2021
	Division	US DISTRIC WESTERN DIS	T COURT TRICT OF NC
	Case No.	3:21 CV 31	O-FEW
Damon Emil Fields))	(to be filled in by the Clerk's O	ffice)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))) Jury Trial: <i>(ch</i>))	eck one) Yes No	ı
- V -)		
GASTON County)))		
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.))))		

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

The Parties to This Complaint I.

A. The Plaintiff(s)

Provide the information below for each needed.	ch plaintiff named in the complaint. Attach additional pages if		
Name	Damon Emil Fields		
Address	1107 Westgate Do		
	Cherryville NC 28021		
	City State Zip Code		
County	Gastan_		
Telephone Number	704 308 8970		
E-Mail Address	emildamon Fields Questing		

В. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1		1	
Name	Gaston Coa	inty	
Job or Title (if known)			
Address	PO BOX 15	18	
	Gastonia	NC	28054
	City	State	Zip Code 2885
County	Gastow		
Telephone Number	704 866	3101	
E-Mail Address (if known)			
	Individual capacity	Official ca	pacity
Defendant No. 2	·		
Name			
Job or Title (if known)			
Address			
	City	State	Zip Code
County			
Telephone Number			
E-Mail Address (if known)			
	Individual capacity	Official ca	pacity

Pro Se 1	15 (Rev. 12	/16) Complaint for Violation of Civil Rights (Non-	-Prisoner)			
		Defendant No. 3 Name Job or Title (if known)				
		Address				
		County Telephone Number E-Mail Address <i>(if known)</i>	City	State	Zip Code	
			Individual capacity	Official capa	acity	
		Defendant No. 4 Name Job or Title (if known) Address				
			City	State	Zip Code	
		County Telephone Number E-Mail Address (if known)				
			Individual capacity	Official capa	acity	
II.	Basis	for Jurisdiction	·			
	immu Feder	r 42 U.S.C. § 1983, you may sue stat nities secured by the Constitution an ral Bureau of Narcotics, 403 U.S. 38 tutional rights.	d [federal laws]." Under <i>Biv</i>	ens v. Six Unknowi	n Named Agents of	
	A.	Are you bringing suit against (check all that apply):				
		Federal officials (a Bivens claim)				
		State or local officials (a § 19	983 claim)			
	В.	Section 1983 allows claims alleging the Constitution and [federal laws federal constitutional or statutory]." 42 U.S.C. § 1983. If you	are suing under se	ction 1983, what	
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what cons officials?	only recover for the violation	n of certain constitu m is/are being viola	ational rights. If you ated by federal	

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Gastovia odd Jul Louse

B. What date and approximate time did the events giving rise to your claim(s) occur?

may 9 1999

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was sexually assaulted the Juliers.

Situat come check owner and allowed others

out of the cell whide i'was locked in a Az

assalent Donnde Donnes Dennis

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

server ptsd years at being accused of hoving mental dissorder while i had PTSD taract character discrased defination of character

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

6 million dellars

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Data of signings

В.

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing.	1-11-20L1			
Signature of Plaintiff Printed Name of Plaintiff	Damon Damon	Emil Emil	Frelds	>
For Attorneys				
Date of signing:				
Signature of Attorney				
Printed Name of Attorney	ý			
Bar Number				
Name of Law Firm				
Address				
	City		State	Zip Code
Telephone Number	704-309	8-8970		
E-mail Address	emil da	non fiel	ds Dam	all.com